

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000915**

1. Entity Name

**ESS PROPERTIES, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 13 PM 1:13

Principal Place of Business

160 E. LAKE BRANTLEY DRIVE  
LONGWOOD FL 32779

Mailing Address

160 E. LAKE BRANTLEY DRIVE  
LONGWOOD FL 32779-4807



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMMONS, MARK R**  
160 E. LAKE BRANTLEY DRIVE  
LONGWOOD FL 32779

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

**MARK R. SIMMONS**

**030100**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  Delete  
NAME **MGRM**  
STREET ADDRESS **MEYER, GERALD W**  
CITY-ST-ZIP **160 E LAKE BRANTLEY DRIVE**  
**LONGWOOD FL 32779**

Change  Addition  
NAME **700003187577--9**  
STREET ADDRESS **-03/28/00--01081--012**  
CITY-ST-ZIP **\*\*\*\*50.00 \*\*\*\*50.00**

TITLE  Delete  
NAME **MGRM**  
STREET ADDRESS **SIMMONS, MARK R**  
CITY-ST-ZIP **160 E LAKE BRANTLEY DRIVE**  
**LONGWOOD FL 32779**

Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
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STREET ADDRESS  
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TITLE  Delete  
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CITY-ST-ZIP

Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED SIMMONS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**030100**

Date

**(407) 862-2322**

Daytime Phone #

CR2E083 (9/99)